EXTERNAL FETAL MONITORING: PHYSICIAN SUMMARY

What is the Medical-Legal & Financial Impact of EFM Errors?

- The median malpractice award for a childbirth-related claim involving obstetricians and hospitals was $2.5 million for the period from 1997 to 2003 (Jury Verdict Research, 2005).

- Almost half (46%) of liability claims against obstetricians involve EFM (ACOG).

- The top 3 most frequent allegations in perinatal malpractice claims are (CRICO/RMF, 2007; Greenwald & Mondor, 2003):
  - Delay or failure to identify/diagnosis a deteriorating fetal condition
  - Failure to intervene for an abnormal FHR pattern
  - Failure to communicate maternal-fetal status to additional perinatal team members

- EFM Indemnity costs exceed over $57.7 million dollars in indemnity costs (CRICO/RMF, 2007).

- A large hospital health system found that 40% of adverse outcomes were related to intrapartum fetal hypoxia (as evidenced on EFM) and that claims may have been avoided if an OB Hospitalist was available (Clark et al, 2008).

Physician Leader Support

Due to the critical importance of EFM standardization, integration of national guidelines and terminology into all aspects of patient care involving EFM is paramount for patient safety. Physicians are a critical part of EFM standardization. Obstetric Department leaders (Medical Director or Department Chairman) play an integral part in the integration of NICHD terms and guidelines into hospital obstetrical practice. Unification between private physicians (Family Practice & Obstetric) and university faculty must occur for standardization. Numerous national governing bodies and patient safety advocates (ie., IHI, AHRQ, ACOG, AWHONN, TJC) support the use of standardized EFM terminology to decrease risk and to improve maternal-fetal safety. Outlined below are specific recommendations for physicians who may take a leadership role within your facility and office setting.

- **EFM Standardized Communication Solution:**
  - This solution offers a framework for perinatal team members to consistently identify uterine contraction and fetal heart rate data and to effectively communicate regarding fetal assessment during the antepartum and intrapartum timeframes. Include 1-3:
    2. Adoption of ACOG 3 Tier FHR Category System (2009)
    3. Integration of ACOG EFM practice management algorithms (2010)
    4. Provide multidisciplinary EFM education and training for orientation and annual proficiency analysis of employees and medical staff
ACOG: Patient Safety in Obstetrics & Gynecology (Committee Opinion # 286, 2003)

ACOG also identified key perinatal safety strategies to improve outcomes in both the hospital and obstetric physician office practiced. These include:

- Patient safety and risk management recommendations reflective of closed malpractice claims data
- Multidisciplinary and collaborative perinatal patient safety and quality improvement initiatives
- Standardized protocols and checklists for the safe administration of commonly used obstetric medications
- Strategies to reduce the risk of birth trauma
- Patient safety in the OB office practice setting
- Patient education, including the use of birth plans
- Umbilical cord blood banking
- Care models for laborists
- Updated guidelines on preventing perinatal group B streptococcus (GBS) disease

Consider-OB Hospitalist/Laborist: A New Model for Intrapartum Obstetric Care

Obstetricians may now perform the duties as an OB Hospitalist. This role is on the rise due to changes in obstetrician’s practice behavior. ACOG 2012 Survey Results:

- Over half (51%) of ob-gyn respondents made one or more changes to their practices during the three-year period as a direct result of the high cost or availability of liability insurance.
  - 15% increased the number of cesarean deliveries
  - 13.5% stopped performing vaginal birth after cesarean delivery (VBAC),
  - 8% decreased the number of total deliveries, and
  - 5% stopped practicing obstetrics altogether

Many perinatal clinical guidelines require a physician to be “immediately available” during procedures (ie. VBAC). Obstetricians are now filling the role of OB Hospitalist or Laborist for 24/7 coverage of the labor and delivery department to improve patient safety. The primary function of this role is to be immediately available for unforeseen OB emergencies. The OB Hospitalist may begin consult on EFM related issues and offer emergent care (ie., cesarean section) while the primary care provider is in route. Facilities should consider & compare OB medical-legal risk versus the cost of 24/7 OB coverage. A variety of OB Hospitalist Programs are available nationwide:

- Volunteer private-practice physicians who provide in-hospital coverage
- Contracting with staff company or physician group
- Hybrid Model: Hospitalist coverage of both Labor & Delivery and for the Emergency Department
Contracting with Laborists to assume delivery services from nurses based on patient census. Primary duty is LD coverage, with additional options: ER coverage, private patients, consults, assistant in cesarean deliveries, assist & execute perinatology care plans.

**EFM Tools**

Included in this section are various tools and resources to assist with the standardization of EFM within your practice. Please access each item and implement to improve patient safety and decrease risk associated with EFM.

- **EFM Dictionary Tool:** This tool offers a quick reference regarding NICHD terms & guidelines, associated pathology, & recommended management based on ACOG guidelines. Attach to EFM Policy & Procedure as an addendum, may post in all areas where EFM skill is required.

- **MI/MIPU EFM Courses:** Medical Interactive (MI) and Medical Interactive Perinatal University (MIPU) provide quality educational resources to all perinatal practitioners skilled in EFM. Physicians may visit MI for CME and nurses may visit MIPU for CNE. Our resources include various learning methods: video and monograph for individual preference.
  - MI Multidisciplinary (CME/CNE): EFM Lesson 1
  - MI Multidisciplinary (CME/CNE): EFM Lesson 2
  - MI Multidisciplinary (CME/CNE): EFM Lesson 3

- **EFM Emergency/Rapid Response Drill Training Tools:** May be used for resident education and training regarding EFM adverse events, response times, and team training.
  - MIPU EFM Skills Analysis Checklist
  - MIPU EFM Training Algorithms